

**FORM I**

**TEXAS STATE BOARD OF SOCIAL WORK EXAMINERS  
SOCIAL WORK EMPLOYMENT HISTORY**

Name of Applicant: \_\_\_\_\_

Start with your current or most recent position and work back. Only list those positions for which your primary duty was the provision of social work services.

Job Title \_\_\_\_\_ Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ No. Hrs./Week \_\_\_\_\_

Name / Phone number of Your Supervisor: \_\_\_\_\_ Supervisor's license \_\_\_\_\_

Name of Employer/Agency: \_\_\_\_\_ Address of Employer \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

Job Title \_\_\_\_\_ Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ No. Hrs./Week \_\_\_\_\_

Name / Phone number of Your Supervisor: \_\_\_\_\_ Supervisor's license \_\_\_\_\_

Name of Employer/Agency: \_\_\_\_\_ Address of Employer \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

Job Title \_\_\_\_\_ Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ No. Hrs./Week \_\_\_\_\_

Name / Phone number of Your Supervisor: \_\_\_\_\_ Supervisor's license \_\_\_\_\_

Name of Employer/Agency: \_\_\_\_\_ Address of Employer \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

Please attach additional pages, if needed.

Revised 4/18/07



With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)